

Catholic Community Services of Utah: St. Vincent de Paul Kitchen Academy Individual Employment Plan and Assessment

Today's Date _____

Full Legal Name: _____
First Name Middle Name Last Name

Primary Phone #: _____ Secondary Phone #: _____

E-mail Address: _____

What is the best way to contact you? Email Primary Phone Secondary Phone

Street Address: _____ City: _____ State: _____

Housing

Are you currently homeless (living on the streets; or in a car, RV or a structure w/out utilities)?

Yes No Unknown What is the **zip code** where you live or stayed last night? _____

How many **times** have you been homeless on the streets, stayed at an emergency shelter, or stayed at a Safe Haven in the last 3 years? _____

What is the total number of **months** you have been homeless on the streets, at an emergency shelter, or at a Safe Haven in the last 3 years? _____

- | | |
|---|---|
| <input type="checkbox"/> Street | <input type="checkbox"/> Fleeing domestic violence and facing homelessness (Last occurrence: _____) |
| <input type="checkbox"/> Shelter (specify: _____) | <input type="checkbox"/> Transitional housing (specify: _____) |
| <input type="checkbox"/> Treatment Facility
(<input type="checkbox"/> Psychiatric <input type="checkbox"/> Substance abuse) | <input type="checkbox"/> Jail, prison, or juvenile detention facility |
| <input type="checkbox"/> Permanent housing for formerly homeless
(Address below) | <input type="checkbox"/> In a vehicle (<input type="checkbox"/> Van <input type="checkbox"/> Car <input type="checkbox"/> Camper/RV) |
| <input type="checkbox"/> Relative's place permanently (address below) | <input type="checkbox"/> Temp living with family (need to move within 14 days) |
| <input type="checkbox"/> Friend's place permanently (address below) | <input type="checkbox"/> Temp living with friends (need to move within 14 days) |
| <input type="checkbox"/> Rent without subsidy (address below) | <input type="checkbox"/> Subsidized rent (address below)
(Specify subsidy: _____) |
| <input type="checkbox"/> Own without subsidy (address below) | <input type="checkbox"/> Subsidized own (address below) (Specify subsidy: _____) |

Your current housing type:

How long have you stayed in your current housing status? _____

How long have you lived in Utah? _____ Where did you live before that? _____

What is your household composition?

- Single parent female household w/minors
- Single parent male household w/minors
- Two-parent household w/minors
- Other related adults
- Single adult
- Single minor
- Other related adults w/minors
- Unknown

Gender at birth: Male Female Gender you identify as: _____

Date of Birth: ____/____/____ Social Security: ____-____-____

Are you a U.S. Citizen? Yes No

Are you an immigrant or refugee or new arrival to this country? Yes No Unknown

Are you limited in your ability to communicate in English? Yes No Unknown

Are you eligible to work in the US Yes No?

Have you ever served on active duty in the U.S. military (including National Guard or Reserves)?

- Yes
- No
- Unknown

If yes, Active Dates: _____ Branch of the Military: _____

Theaters of Operations: _____ Honorable Discharge: Yes No

Race (Check all that apply)

- American Indian or Alaska Native
- Native Hawaiian or Pacific Islander
- White or Caucasian
- Other Race: _____
- Asian, Asian American
- Black, African American, Other African
- Hispanic/Latino

Education

Did you graduate from high school Yes No *If no, highest grade completed?* _____

If no, did you receive a GED? Yes No

Do you have any additional education or training? Yes No

Program: _____ Year completed _____

Additional Education/Training Level:

- Some college AA or equivalent Bachelor's Degree
 Graduate School Vocational/Technical school Other: _____

Do you have a history of difficulty in school or a diagnosed learning disability? Yes No

If yes, please describe: _____

Employment (Individual Employment Plan)

Have you been employed in the food service industry? Yes No

If yes, explain: _____

Have you worked in the last 12 months? Yes No

If yes, how long did you work (in months)? _____ *If no, what year did you last work?* _____

Hourly Wage: _____ *Hours per week:* _____ *Employer:* _____

Do you understand that working may change your government benefits? Yes No

Health

Do you have health insurance coverage?

- Medicaid (Apple Health) Medicare Veteran's Health Care
 COBRA Employer Provided Insurance Private Pay Health Insurance
 Indian Health Insurance Program No Health Insurance Other: _____

Are you involved with any of the following agencies or programs?

- Shelter the Homeless: Resource Centers Department of Services for Persons with Disabilities (DSPD)
 Department of Workforce Services Other: _____
 Utah Community Action _____

Do you consider yourself to be a person with disabilities? Yes No Unknown

If yes, please describe: _____

Have you ever had a problem with drugs or alcohol? Yes No

Which types of drugs and/or alcohol?

Have you used drugs or alcohol in the past 30 days? Yes No

If yes, please describe: _____

If no, how long have you been clean and sober? _____

Have you ever been enrolled in a treatment program for drugs or alcohol? Yes No

If yes, where and when did you receive treatment for drugs and/or alcohol?

Where: _____ *When:* _____

Have you ever been diagnosed with depression or mental illness? Yes No

If yes, please describe: _____

Have you received treatment for depression or mental illness? Yes No

If yes, please describe: _____

Have you taken medication for depression or mental illness? Yes No

If yes, please describe: _____

List any medications you are currently taking: _____

Do you have any food or other allergies? _____

List any other significant past and present medical/mental health conditions/disabilities that may influence your ability to work in the food service industry or be in training:

List any barriers you have experienced (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Chemical Dependency | <input type="checkbox"/> Frequent Relocation | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Child Health Issues | <input type="checkbox"/> Housing Issues | <input type="checkbox"/> Mental Health Issues |
| <input type="checkbox"/> Child w/Special Needs | <input type="checkbox"/> Lack of Basic Resources | <input type="checkbox"/> Negative/Lack of Job History |
| <input type="checkbox"/> Conflict w/co-worker | <input type="checkbox"/> Lack of Child Care | <input type="checkbox"/> Owing Child Support |
| <input type="checkbox"/> Conflict w/supervisor | <input type="checkbox"/> Lack of Credit or Bad Credit | <input type="checkbox"/> Physical Health |
| <input type="checkbox"/> Criminal History | <input type="checkbox"/> Lack of Financial Literacy | <input type="checkbox"/> Skill Deficiency |
| <input type="checkbox"/> Domestic/Family Violence | <input type="checkbox"/> Lacking Diploma/GED | <input type="checkbox"/> Termination of Public Assistance |
| <input type="checkbox"/> End of Relationship/Divorce | <input type="checkbox"/> Lacking ID/SS Card | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Family Illness | <input type="checkbox"/> Lacking Life Skills | <input type="checkbox"/> Veteran Discharge Status |
| <input type="checkbox"/> Other: _____ | | |

Please Explain:

Legal

Do you have any warrants, court dates, or other upcoming legal issues? Yes No

If yes, please explain, include dates and locations if applicable. Continue on the back if necessary.

Do you have any community service pending? Yes No

If yes, please list how much and in which city or county you owe the hours.

Have you ever been convicted of a misdemeanor? Yes No

If yes, please list convictions, dates, and locations. Continue on the back if necessary.

Have you ever been convicted of a felony? Yes No

If yes, please list convictions, dates, and locations. Continue on the back if necessary.

Are you on probation? Yes No

Are you on parole? Yes No

Time of Probation or Parole you are to serve: _____

Adult Probation & Parole Name: _____ *Phone Number:* _____

Financial and Supportive Services

Are you currently receiving income from any of the following sources?

- Do you have a pending SSI or SSDI Application? Yes No
- Social Security (including SSI and SSDI): Yes No Amount: \$ _____
- Aging, Blind, Disabled benefit (ABD): Yes No Amount: \$ _____
- Housing and Essential Needs (HEN): Yes No Amount: \$ _____
- Basic Food Benefits: Yes No Amount: \$ _____
- Temporary Aid to Needy Families (TANF): Yes No Amount: \$ _____
- Veteran's Benefits: Yes No Amount: \$ _____
- Other (specify: _____) Yes No Amount: \$ _____
- Employment Income: Yes No Amount: \$ _____
- Unemployment Benefits: Yes No Amount: \$ _____
- Child Support: Yes No Amount: \$ _____
- Are you a non-custodial parent and paying child support? Yes No Amount: \$ _____

Catholic Community Services of Utah Student Hours

How did you find out about Catholic Community Services: St. Vincent Kitchen Academy?

Please be specific as possible:

- | | |
|---|---|
| <input type="checkbox"/> CCS Student or Graduate
Name: _____ | <input type="checkbox"/> Media
Type: _____ |
| <input type="checkbox"/> CCS Outreach Event
Name: _____ | <input type="checkbox"/> Probation Officer
Location: _____ |
| <input type="checkbox"/> Drop-In Center / Community Center
Name: _____ | <input type="checkbox"/> Resource Center
Name: _____ |
| <input type="checkbox"/> DSHS
Location: _____ | <input type="checkbox"/> Treatment Center
Name: _____ |
| <input type="checkbox"/> Family or Friends
Explain: _____ | <input type="checkbox"/> Other
List: _____ |

Once enrolled, your training schedule will vary based on what phase you are in. The schedule for the entire 16 weeks is as follows:

- | | |
|------------------------------|---|
| Phase 1 (weeks 1-4) | Monday through Friday 8:00 AM to 3:00 PM |
| Phase 2 (weeks 5-10) | Monday through Friday 8:00 AM to 3:00 PM |
| Phase 3 (weeks 11-12) | Monday through Friday 8:00 AM to 4:00 PM |

I understand that the above schedule indicates the times that I am required to be available to participate in this program.

_____ Initials

In 3 to 5 sentences, please tell us what brings you to CCS: St. Vincent de Paul Kitchen Academy and your goals for employment:

Have you ever applied to / volunteered for CCS before? Yes No If yes, what year? _____

Are you willing to sign a **Release of Information Form** for CCS to work with your doctor, counselor? parole/probation officer and/or other service providers? Yes No

Listed below are some of CCS's Program Requirements: *(Please initial after each requirement)*

1. I understand that **daily attendance** is required. _____
2. I understand that I must be **on time and prepared to stay the entire day**. _____
3. I understand that **100% participation** is expected. _____
4. I understand that I must be willing to **accept instruction** from my instructors and supervisors and **complete the work that is assigned to me with a positive attitude**. _____
5. I understand that I must have a **willingness to confront my personal challenges and/or barriers to successful employment and self-sufficiency**. _____
6. I understand that I must be **clean and sober**. _____
7. I understand that I may **use CCS as an address** for any purpose (mail, packages, deliveries, etc.) _____
8. I understand that I will be provided with a **locker and a key lock for my use** while I am enrolled in the CCS program. _____
9. I understand that **CCS is not responsible for damage, loss or theft** of any of my personal property. _____
10. I understand that **CCS: St. Vincent de Paul Kitchen Academy is an employment training program**. By participating, I'm committed to gaining employability skills and to actively participate in job search. _____

- **I certify that the information provided is true to the best of my knowledge**. I am also aware that the information I have provided is subject to review and verification and I may have to provide documentation to support this form. I allow release of this information for verification purposes and understand that it will be used to determine eligibility. I understand that receiving services is subject to availability of government funds.
- Intentional false statements may result in termination from CCS: St. Vincent de Paul Kitchen Academy

▪ Applicant's Signature: _____ Date: ____/____/____

▪ CCS Staff Signature: _____ Date: ____/____/____

▪

IEP Review & Acknowledgement (to sign upon starting the Adult Culinary Training Program)

Student's Signature: _____ Date: ____/____/____

ES's Signature: _____ Date: ____/____/____